

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
CHARLOTTE DIVISION

IN RE:	)	BANKRUPTCY # 10-31607
	)	CHAPTER 11
Garlock Sealing Technologies, LLC, et al.,	)	
	)	<b><u>NOTICE OF OPPORTUNITY</u></b>
Debtors. <sup>1</sup>	)	<b><u>FOR HEARING</u></b>
	)	(No Protest Notice: No Hearing
	)	Will Be Held Unless Request For
	)	Hearing is Filed)

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**TAKE NOTICE** that Richard M. Mitchell has filed a Motion for Relief from Stay to permit Laverna Roe to proceed with a Workers' Compensation death claim against Debtor. A copy of the motion is attached hereto.

**Your rights may be affected.** You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you do not want the Court to order relief sought in the Motions, or if you want the Court to consider your views on the matter, then on or before, August 25, 2010, you or your attorney must do three (3) things:

1. **File with the Court a written response requesting that the Court hold a hearing and explaining your position. File the response at:**

U.S. Bankruptcy Court, 401 W. Trade St., Room 111, Charlotte, NC 28202

If you mail your request to the Court for filing, you must mail it early enough so the Court will receive it on or before the date stated above.

2. **On or before the date stated above for written responses, you must also mail or fax a copy of your written request to:**

Richard M. Mitchell, 1001 Morehead Square Drive, Suite 330, Charlotte, NC 28203

U.S. Bankruptcy Administrator, 402 W. Trade Street, Suite 200, Charlotte, NC 28202-1669

3. **Attend the hearing scheduled for August 26, 2010 at 9:30 a.m. at the United States Bankruptcy Court, 401 W. Trade Street, Charlotte, NC 28202.**

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<sup>1</sup> These jointly administered cases are those of the following debtors: Garlock Sealing Technologies, LLC; Garrison Litigation Management Group, Ltd.; and The Anchor Packing Company.

If you or your attorney do not take these steps, **A HEARING WILL NOT BE HELD**, and the Court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.

Dated: \_\_\_\_\_

8/11/2010



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Richard M. Mitchell, NC Bar 3034  
on behalf of John Ned Lipsitz, Esq.  
Mitchell & Culp, PLLC  
1001 Morehead Square Drive, Suite 330  
Charlotte, North Carolina 28203  
Tel: 704-333-0630  
Fax: 704-333-4975  
Email: [rmitchell@mitchellculp.com](mailto:rmitchell@mitchellculp.com)

John Ned Lipsitz, Esq.  
Lipsitz & Ponterio, LLC  
135 Delaware Avenue, 5<sup>th</sup> Floor  
Buffalo, New York 14202  
Tel: 716-849-0701  
Fax: 716-849-0708

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
Charlotte Division

IN RE:	)	
	)	Case No. 10-BK-31607
GARLOCK SEALING TECHNOLOGIES	)	
LLC, et al.,	)	Chapter 11
	)	
Debtors. <sup>1</sup>	)	Jointly Administered

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**MOTION FOR RELIEF FROM STAY**

Movant, Laverna Roe, by and through her attorney, Richard M. Mitchell, bankruptcy counsel in the above captioned action to Lipsitz & Ponterio, LLC, counsel of record, respectfully shows to the Court as follows:

1. On or around June 5, 2010, Debtor, Garlock Sealing Technologies LLC, commenced this proceeding by filing a voluntary petition under Chapter 11 of Title 11 of the United States Code. As such, as of June 5, 2010, Debtor has availed itself of the protections of the broad automatic stay provisions of 11 U.S.C.A. § 362(a).

2. On September 16, 2009, Movant's husband, Donald Roe, passed away from Lung Cancer. *See*, Death Certificate of Donald Roe, attached hereto as **EXHIBIT A**. Movant alleges that decedent's illness was caused by asbestos exposure, which occurred between 1962 and 1987, while decedent worked as an employee at the Garlock Packing Company, in Palmyra, NY, a facility owned and/or under the control of the Debtor. *See*, Social Security Administration Certification of Extract from Records for Donald Roe, attached hereto as **EXHIBIT B**; *See also*, Medical Reports for Donald Roe, attached hereto as **EXHIBIT C**.

3. By virtue of the aforementioned facts, Movant, as decedent's surviving spouse, may assert a Workers' Compensation Death claim against Debtor in New York State. *See*, New

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<sup>1</sup> These jointly administered cases are those of the following debtors: Garlock Sealing Technologies LLC; Garrison Litigation Management Group, Ltd.; and The Anchor Packing Company.

York Workers' Compensation Law § 16 (West 2010). Thus, Movant is an unsecured creditor of Debtor. However, Lipsitz & Ponterio, LLC, has reason to believe that there was insurance coverage in place for this type of claim at the time the cause of action arose.

4. To initiate a Workers' Compensation death claim against Debtor in New York State, Movant must file a Workers' Compensation Board Form C-62 (hereinafter referred to as "Form C-62") with the New York State Workers' Compensation Board. *See*, Matthew Bender. *New York State Workers' Compensation Handbook* § 5.70 (LexisNexis 2010). Form C-62 functions to place an "employer and its insurer on notice of the essential facts of [a] claim." *Id.*

5. This Affidavit is made in support of Movant's motion to lift the aforementioned automatic stay in order to initiate a Workers' Compensation death claim against Debtor by filing Form C-62 with the New York State Workers' Compensation Board.

6. State Workers' Compensation claims are exempt from the automatic stay provisions of 11 U.S.C.A. § 362(a). *See*, 11 U.S.C.A. § 362(b)(4); *See also, In re Mansfield Tire and Rubber Co.*, 660 F.2d 1108, 1114 (Sixth Circuit, 1981) (explaining, [t]he automatic stay . . . operates to hinder, delay and deprive . . . injured workers of the benefits to which they are lawfully entitled and it affects their safety")<sup>2</sup>. However, out of an abundance of caution and a respect for § 362(a), Movant has chosen to submit the instant application prior to initiating such a claim.

7. The date of decedent's death, September 16, 2009, is considered the date of injury for purposes of a New York State Workers' Compensation death claim. *See*, New York State Workers' Compensation Law § 28 (West 2005). If decedent is not permitted to file Form-62 and initiate a Workers' Compensation claim against Debtor prior to September 16, 2011,

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<sup>2</sup> U.S. Bankruptcy Courts within the Fourth Circuit and the United States Fourth Circuit Court of Appeals have looked to the *Mansfield* opinion as guiding precedent. *See, New Neighborhoods, Inc. v. West Virginia Workers' Compensation Fund*, 886 F.2d 714 (Fourth Circuit, 1989); *In re McLean Trucking Co.*, 74 B.R. 820 (Bankr. W.D.N.C., 1987).

which is the second anniversary of decedent's death, Movant's claim will be time barred, and Movant will suffer irreparable damage. *Id.*

8. As Movant's death claim would seek monetary contribution from Debtor's insurance carrier, and not Debtor and/or Debtor's estate, allowing Movant to pursue a Workers' Compensation claim will neither harm Debtor nor prevent Debtor's effective reorganization.

9. No prior relief similar to the relief requested herein has been requested.

**WHEREFORE**, Laverna Roe respectfully requests that this Court lift the automatic stay so as to allow her to file and proceed with a Workers' Compensation claim against Debtor in New York State, so that she may collect an award from Debtor's Workers' Compensation insurance provider and for such other and further relief as this Court deems just and proper.

This the 11 day of August, 2010.



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on behalf of John Ned Lipsitz, Esq.  
Mitchell & Culp, PLLC  
1001 Morehead Square Drive, Suite 330  
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John Ned Lipsitz, Esq.  
Lipsitz & Ponterio, LLC  
135 Delaware Avenue, 5<sup>th</sup> Floor  
Buffalo, New York 14202  
Tel: 716-849-0701  
Fax: 716-849-0708

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that the foregoing Motion for Relief from Stay and Notice of Opportunity for Hearing was served on the parties listed below by mailing a copy to each party in an envelope addressed as indicated below with proper postage attached and deposited in an official depository under the exclusive care and custody of the United States Post Office on the 11<sup>th</sup> day of August, 2010.

U.S. Bankruptcy Administrator  
(via electronic filing)

Albert F. Durham  
Rayburn Cooper & Durham, P.A.  
1200 Carillon  
227 W. Trade Street  
Charlotte, North Carolina 28202  
*Attorney for Debtor*

John R. Miller, Jr.  
Rayburn Cooper & Durham, P.A.  
1200 Carillon  
227 W. Trade Street  
Charlotte, North Carolina 28202  
*Attorney for Debtor*

Garland S. Cassada  
Robinson, Bradshaw & Hinson, P.A.  
101 N. Tryon Street, Suite 1900  
Charlotte, North Carolina 28246  
*Attorney for Debtor*

Official Committee of Asbestos Personal Injury  
Claimants  
c/o Richard S. Wright  
Hamilton, Moon Stephens Steele & Martin, PLLC  
201 South College Street, Suite 2020  
Charlotte, North Carolina 28244  
*Attorney for Creditor Committee*

Official Committee of Unsecured Creditors  
c/o Deborah L. Fletcher  
Katten, Munchin Rosenman, LLP  
550 S. Tryon Street, Suite 2900  
Charlotte, North Carolina 28202-4213  
*Attorney for Official Committee of Unsecured  
Creditors*

Ashley K. Neal  
Rayburn Cooper & Durham, P.A.  
1200 Carillon  
227 W. Trade Street  
Charlotte, North Carolina 28202  
*Attorney for Debtor*

Shelley Koon Abel  
Rayburn Cooper & Durham, P.A.  
1200 Carillon  
227 W. Trade Street  
Charlotte, North Carolina 28202  
*Attorney for Debtor*

Jonathan C. Krisko  
Robinson, Bradshaw & Hinson, P.A.  
101 N. Tryon Street, Suite 1900  
Charlotte, North Carolina 28246  
*Attorney for Debtor*

Official Committee of Asbestos Personal Injury  
Claimants  
c/o Travis W. Moon  
Hamilton, Moon Stephens Steele & Martin, PLLC  
2020 Charlotte Plaza  
201 South College Street  
Charlotte, North Carolina 28244  
*Attorney for Creditor Committee*

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on behalf of John Ned Lipsitz, Esq.  
Mitchell & Culp, PLLC  
1001 Morehead Square Drive, Suite 330  
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Tel: 704-333-0630  
Fax: 704-333-4975  
Email: [rmitchell@mitchellculp.com](mailto:rmitchell@mitchellculp.com)

John Ned Lipsitz, Esq.  
Lipsitz & Ponterio, LLC  
135 Delaware Avenue, 5<sup>th</sup> Floor  
Buffalo, New York 14202  
Tel: 716-849-0701  
Fax: 716-849-0708

DEPARTMENT OF HEALTH		STATE FILE NUMBER	
CERTIFICATE OF DEATH			
1. NAME: FIRST MIDDLE LAST <b>Donald F. Roe</b>		2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	
3A. DATE OF DEATH: MONTH DAY YEAR <b>09 16 2009</b>		3B. HOUR: <b>6:15 PM</b>	
4A. PLACE OF DEATH: (Check one) <input type="checkbox"/> BIRTH <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input checked="" type="checkbox"/> RESPIRE FACILITY <input type="checkbox"/> OTHER (Specify):		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR	
4C. NAME OF FACILITY: (If not facility, give address) <b>5992 Rte. 14A</b>		4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <b>Starkey</b>	
4E. MEDICAL RECORD NO.		4F. WAS DECEASED TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) <input type="checkbox"/> NO <input type="checkbox"/> YES	
5. DATE OF BIRTH: MONTH DAY YEAR <b>11 26 1930</b>		6A. AGE IN YEARS: <b>78</b> yrs.	
6B. IF UNDER 1 YEAR: ENTER: months days		6C. IF UNDER 1 DAY: ENTER: hours minutes	
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) <b>Hall, NY</b>		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
8. DECEASED IN U.S. ARMED FORCES? (Specify year) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <b>1951-53</b>		9. DECEASED OF HISPANIC ORIGIN? Check the box that best describes whether the deceased is Spanish/Spanish-Latina or Spanish/Spanish-Latino. <input checked="" type="checkbox"/> No, not Spanish/Spanish-Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Spanish-Latina (Specify)	
10. DECEASED'S RACE: Check one or more races to indicate what the deceased considered himself or herself to be: <input checked="" type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaska Native (Specify) <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify)		11. DECEASED'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 4-8th grade <input type="checkbox"/> 9th-12th grade no diploma <input checked="" type="checkbox"/> High school grad with or without GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate/Professional degree	
12. SOCIAL SECURITY NUMBER:		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>	
14. SURVIVORS' SPONSOR: (Enter name if deceased or separated. If deceased, enter name, date, cause of death.) <b>LaVerna Ransom</b>		15. USUAL OCCUPATION: (Do not enter retired) <b>Maintenance Supervisor</b>	
16. KIND OF BUSINESS OR INDUSTRY: <b>Manufacturing</b>		17. NAME AND LOCALITY OF COMPANY OR FIRM: <b>Garlock Corp., Palmyra, NY</b>	
18A. RESIDENCE: (State or County if not USA) <b>New York</b>		18B. County or Region/Province if not USA: <b>Yates</b>	
19A. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <b>Starkey</b>		19B. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20. STREET AND NUMBER OF RESIDENCE: <b>5992 Rte. 14A, Dundee, NY</b>		21. ZIP CODE: <b>14837</b>	
22. NAME OF FATHER: FIRST MI LAST <b>Harold Roe</b>		23. MAIDEN NAME OF MOTHER: FIRST MI LAST <b>Ruth Goundry</b>	
24. NAME OF INFORMANT: <b>LaVerna Roe</b>		25. MAILING ADDRESS: (Include zip code) <b>5992 Rte. 14A, Dundee, NY 14837</b>	
26A. <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other MONTH DAY YEAR <b>09 19 2009</b>		26B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: <b>Fingerlakes Crematory</b>	
26C. LOCATION: (City or town and state) <b>Livonia, NY</b>		27A. NAME AND ADDRESS OF FUNERAL HOME: <b>Kenneth J. Perkins Funeral Home, Inc. 2583 E. Main St. Gorham, NY 14461</b>	
27B. REGISTRATION NUMBER: <b>00978</b>		27C. REGISTRATION NUMBER: <b>02881</b>	
28A. NAME OF FUNERAL DIRECTOR: <b>Kenneth J. Perkins</b>		28B. SIGNATURE OF FUNERAL DIRECTOR: <i>Kenneth J. Perkins</i>	
28C. SIGNATURE OF REGISTRAR: <i>Sue A. Crans</i>		28D. DATE FILED: MONTH DAY YEAR <b>09 17 2009</b>	
28E. SIGNATURE OF REMOVAL PERSON ISSUED BY: <i>Sue A. Crans</i>		28F. DATE ISSUED: MONTH DAY YEAR <b>09 17 2009</b>	
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER			
29A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: <b>MAIDA DAQUD</b> License No.: <b>205978</b> Signature: <i>Maida Daquid</i> Month Day Year <b>09 17 2009</b>			
29B. If certifier is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year			
29C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Signature: Month Day Year			
29D. Attending physician attended deceased: Month Day Year <b>12 06 2009</b> 29E. Deceased last seen alive by attending physician: Month Day Year <b>03 13 2009</b> 29F. Postmarked: Month Day Year			
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> 29A. AUTOPSY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>			
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: (A) <b>Multiple Organ Failure</b> (B) <b>Metastatic Lung Carcinoma</b> <b>Brain mets</b> <b>6m</b> <b>Dr April 09</b> (C) <b>Metastatic non small cell Lung Cancer</b> <b>6m</b> <b>April 2009</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):			
31A. IF INJURY, DATE: MONTH DAY YEAR 31B. INJURY LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Exhibit  
A



**SOCIAL SECURITY ADMINISTRATION**

Baltimore, Maryland 21290-0300

**CERTIFICATION OF EXTRACT FROM RECORDS**

Pursuant to the provisions of Title 42, United States Code, Section 904, and the authority vested in me by 42 United States Code 902. I hereby certify that I have legal custody of certain records, documents, and other information established and maintained by the Social Security Administration, pursuant to Title 42, United States Code, Section 405, and that the annexed is a true extract from such records in my custody as aforesaid.

I further certify that all signatures of Social Security Administration annexed document(s) are genuine and made to the signers' official capacity.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the Social Security Administration to be affixed this 04th day of September, 2009

*Kathryn E. Fox*

Kathryn E. Fox

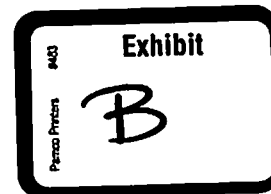
Division Director

Division of Earnings Record Operations

Office of Central Operations



Form SSA-473 (3-96)  
Destroy Prior Edition



1826 ITEMIZED STATEMENT OF EARNINGS  
ASION 2009.001 \* \* \* FOR SSN \*

FROM: SOCIAL SECURITY ADMINISTRATION  
OFFICE OF CENTRAL OPERATIONS  
300 N. GREENE STREET  
BALTIMORE, MARYLAND 21290-0300

LIPSITZ & PONTERIO LLC  
135 DELAWARE AVE  
15TH FL

NUMBER HOLDER NAME:  
DONALD F ROE

BUFFALO NY 14202

PERIOD REQUESTED JANUARY 1946 THRU DECEMBER 1990

YEAR JAN - MARCH APRIL - JUNE JULY - SEPT OCT - DEC TOTAL

EMPLOYER NUMBER: 16-0392420  
BURTON & ELSIE COOPER  
226-228 LIBERTY ST  
PENN YAN NY 00000

1950				51.10	\$51.10
1951	7.00				\$7.00

EMPLOYER NUMBER: 16-0701497  
GLEN I & RICHARD G COLBURN  
THE TOP-KRAFT CO  
71 SENCECA ST  
GENEVA NY 00000

1951		153.33			\$153.33
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EMPLOYER NUMBER: 16-0720857  
LEON GALLAGHER  
R D 4  
PENN YAN NY 14527-0000

1951		347.63	375.50		\$723.13
1953				881.00	\$881.00
1954	828.00	1,004.00			\$1,832.00

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 ARSION 2009.001 \* \* \* ITEMIZED STATEMENT OF EARNINGS  
 FOR SSN \*

YEAR JAN - MARCH APRIL - JUNE JULY - SEPT OCT - DEC TOTAL

EMPLOYER NUMBER: 16-0720857  
 LEON GALLAGHER  
 R D 4  
 PENN YAN NY 00000

1954 194.00 \$194.00

EMPLOYER NUMBER: 16-0781026  
 LEON GALLAGHER & R K O'BRIEN  
 GALLAGHER & O'BRIEN  
 BOX 609  
 GENEVA NY 00000

1954 890.75 460.57 \$1,351.32

EMPLOYER NUMBER: 16-0732333  
 JOS ROTHSCHILD & CO INC  
 BOX 26 MARKET STA  
 BUFFALO NY 14203-0000

1954 435.00 \$435.00

EMPLOYER NUMBER: 16-0762333  
 EARL W & WILLIAM H DOBBIN  
 GENEVA WELDING SUPPLY CO  
 37 CANAL ST  
 GENEVA NY 14456-0000

1955 842.00 340.72 167.86 \$1,350.58

EMPLOYER NUMBER: 16-0703026  
 VANCE METAL FABRICATORS INC  
 251 GAMBEE RD  
 GENEVA NY 14456-1025

1955		566.92	1,195.54	1,024.37	\$2,786.83
1956	1,130.65	1,233.72	1,311.59	523.30	\$4,199.26
1957	1,315.07	1,344.80	1,426.35	114.60	\$4,200.82
1958	1,606.65	1,159.55	1,468.05		\$4,234.25
1959	1,214.00	1,359.62	1,698.34	528.04	\$4,800.00

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DIVISION 2009.001 \* \* \* ITEMIZED STATEMENT OF EARNINGS  
FOR SSN

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
1960	1,370.36	1,279.63	1,531.92	618.09	\$4,800.00
1961	1,340.73	1,440.63	1,859.82	158.82	\$4,800.00
1962	1,698.15	1,904.77	520.67	204.00	\$4,327.59

EMPLOYER NUMBER: 15-0314780  
GARLOCK INC  
430 PARK AVE  
NEW YORK NY 10022-0000

1962			745.16	1,422.17	\$2,167.33
1963	1,446.19	1,561.80	1,448.01	344.00	\$4,800.00
1964	1,531.95	1,718.70	1,549.35		\$4,800.00
1965	1,540.41	1,605.69	1,502.40	151.50	\$4,800.00
1966	1,323.07	1,650.42	1,748.21	1,591.59	\$6,313.29
1967	1,723.56	1,963.44	1,436.20	1,476.80	\$6,600.00
1968	1,793.35	1,971.83	1,718.53	2,138.83	\$7,622.54
1969	1,975.19	2,291.29	2,033.00	1,500.52	\$7,800.00
1970	2,208.05	2,541.00	2,206.36	844.59	\$7,800.00
1971	2,397.23	2,752.15	2,650.62		\$7,800.00
1972	2,856.00	2,568.00	3,024.00	552.00	\$9,000.00
1973	3,201.00	3,320.26	2,850.00	1,428.74	\$10,800.00
1974	3,395.40	2,838.00	3,439.00	3,072.00	\$12,744.40
1975	3,584.00	3,646.00	3,258.00		\$10,488.00

EMPLOYER NUMBER: 16-0841491  
INTERNATIONAL ASSOCIATION OF  
MACHINISTS & AEROSPACE WORKERS  
588  
% DONALD BELLIS JR  
109 MARKET ST  
PALMYRA NY 14522-1135

1965		6.00		\$6.00
------	--	------	--	--------

EMPLOYER NUMBER: 15-0314780  
GARLOCK INC  
DIVISION ST  
PALMYRA NY 00000

1975			3,612.00	\$3,612.00
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 ARSION 2009.001 \* \* \* ITEMIZED STATEMENT OF EARNINGS  
 FOR SSN \* \* \*

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
EMPLOYER NUMBER: 13-2838958 NEW HOMES OF CHARLESTON INC % ESTATE OF MURRAY B RAYBURN 60 E 42ND ST NEW YORK NY 10165-0006					
1976	3,783.71				\$3,783.71
EMPLOYER NUMBER: 13-2838953 GARLOCK INC % ENPRO INDUSTRIES INC 2730 W TYVOLA RD CHARLOTTE NC 28217-4576					
1976		3,817.13	4,702.83	2,996.33	\$11,516.29
1977	3,859.13	4,480.38	4,075.00	4,085.49	\$16,500.00
1978	-	-	-	-	\$15,204.23
1979	-	-	-	-	\$20,257.22
1980	-	-	-	-	\$21,126.55
1981	-	-	-	-	\$22,224.85
1982	-	-	-	-	\$23,557.00
1983	-	-	-	-	\$25,167.88
1984	-	-	-	-	\$28,532.12
1985	-	-	-	-	\$28,418.00
1986	-	-	-	-	\$30,905.73
1987	-	-	-	-	\$18,218.18
EMPLOYER NUMBER: 06-6033492 AETNA LIFE INSURANCE COMPANY 151 FARMINGTON AVE HARTFORD CT 06156-0001					
1987	-	-	-	-	\$1,331.52
EMPLOYER NUMBER: 13-1846375 COLTEC INDUSTRIES INC % ENPRO INDUSTRIES 5605 CARNEGIE BLVD 5TH FLOOR CHARLOTTE NC 28209-4642					
1988	-	-	-	-	\$308.86

-1826 . ITEMIZED STATEMENT OF EARNINGS  
VERSION 2009.001 \* \* \* FOR SSN ---- \* \* \*

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
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THERE ARE NO OTHER EARNINGS RECORDED UNDER THIS SOCIAL SECURITY NUMBER FOR THE PERIOD(S) REQUESTED.

EARNINGS FOR THE YEARS AFTER 2007 MAY NOT BE SHOWN, OR ONLY PARTIALLY SHOWN, BECAUSE THEY MAY NOT YET BE ON OUR RECORDS.

PAGE 005 END

SURGICAL PATHOLOGY DEPARTMENT  
CLIFTON SPRINGS HOSPITAL AND CLINIC  
2 COULTER ROAD CLIFTON SPRINGS, NY 14432  
(315) 462-1431 FAX (315) 462-7358  
PETER Y. LEE, M.D. LABORATORY DIRECTOR

## SURGICAL PATHOLOGY REPORT

PATIENT: ROE, DONALD F.  
AGE/SEX: 78/M  
DATE OF BIRTH: 11/26/1930  
LOCATION: ENDO

PATHOLOGY NO: redacted  
MED REC NO: redacted  
ACCOUNT NO: redacted  
DATE RECEIVED: 04/16/09  
DATE OF SURGERY: 04/16/09

DOCTOR(S): TYNER, J RICHARD IGNACZAK, STEPHEN MED. REC.  
TUMOR REGISTRY

SPECIMEN: RESPIRATORY TRACT

### CLINICAL HISTORY AND DIAGNOSIS:

Asbestos exposure, former smoker, RUL tumor with right hilar enlargement, cancer.

### FINAL DIAGNOSIS:

BRONCHIAL BIOPSY OF LUNG MASS (RUL), CONSISTENT WITH LARGE CELL CARCINOMA (SEE COMMENT)

### GROSS:

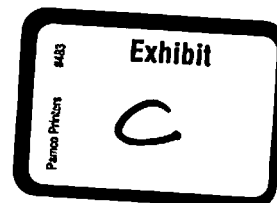
Specimen is labeled bronchial biopsy and consists of three fragments of tan tissue. On average, they measure 0.3 x 0.1 x 0.1 cm and all are submitted in one cap.

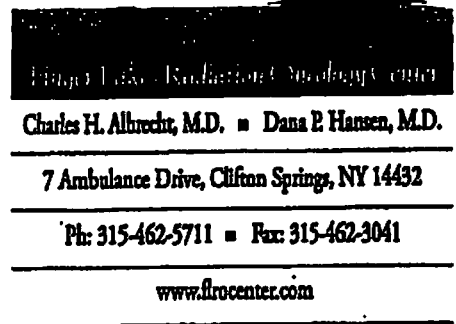
### MICROSCOPIC:

Section of bronchial biopsy shows three fragments of bronchial mucosa, one of which shows invasive tumor with mild stromal fibrosis and inflammatory cell reaction. The tumor is composed of large polygonal cells with relatively well delineated cell membrane. The cells have large and hyperchromatic nuclei with abundant amphophilic cytoplasm. Remaining bronchial mucosa shows surface layer of ciliated respiratory type epithelium with mild hyperplasia without atypia.

COMMENT: Histology of the bronchial biopsy is consistent with large cell carcinoma, favor poorly differentiated squamous cell carcinoma.

<signature on file> PETER LEE 04/17/09





April 28, 2009

Stephen Ignaczak, M.D.  
Six Ambulance Drive  
Clifton Springs, New York 14432

RE: ROE, Donald  
DOB: 11/26/30

Dear Doctor Ignaczak:

Thank you for referring Mr. Roe to me. As you know, he is a 78 year old gentleman who recently presented with a 1 year history of coughing and recent hemoptysis. Chest x-ray showed a right upper lobe and right hilar mass and CT scan confirmed the presence of right upper lobe mass, right hilar mass and subcarinal adenopathy. Biopsy showed large cell carcinoma. Mr. Roe was referred to you and you sent him for a brain CT scan as part of his evaluation. He was discovered to have two brain nodules, as well. You have now referred him to this department to consider palliative radiation treatments. I explained to him that typically brain metastases were treated with radiation and if allowed to progress, people become quite symptomatic very rapidly. I explained also that a course of palliative radiation treatments to his chest would probably alleviate his persistent coughing and hemoptysis and also prevent or delay development of post obstructive pneumonia. I counseled Mr. Roe regarding the risks of both treatments. Mr. Roe understands these issues and has elected to proceed with radiation treatments to the brain and to the thorax. I anticipate delivering 3500 cGy in 14 fractions to the whole brain and to the sites of gross disease in the chest. We will initiate treatments to the brain today and probably initiate treatments to the thorax later on this week. The consultation report is enclosed.

Once again, thank you for referring Mr. Roe to me. I appreciate it.

Sincerely,

  
Dana P. Hansen, M.D.

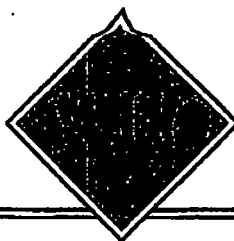
DPH:slw

ENCLOSURE

cc: M. Daoud, MD  
J.R. Tyner, MD

*We treat cancer... we care for people*





## FINGER LAKES HEMATOLOGY & ONCOLOGY

6 AMBULANCE DRIVE, CLIFTON SPRINGS, NEW YORK 14432  
PHONE (315) 482-1472 FAX (315) 482-2639  
WWW.FLHOCANCERCARE.COM

April 27, 2009

Magda Daoud, M.D.  
34 Millard Street  
Dundee, New York 14837

Re: Roe, Donald  
DOB: 11/26/1930

Dear Magda:

I had the pleasure of seeing Mr. Roe and his family in consultation for newly recognized right upper lobe cancer today. As you know, he is a 78-year-old gentleman who apparently has had a cough for a year initially felt to be secondary to ACE inhibitors and then GERD. He went to Dr. Avanzato. He was found to have polyps in his stomach. He has been back and forth to Strong this past year to have these removed. The cough persisted. He had hemoptysis on 04/13/09. A chest x-ray was done which showed a mass posterior to the right upper lobe with right hilar adenopathy, which was new compared to 03/12/08. A CT scan was done that day which showed a 3.5 x 2.3 x 2.8 centimeter mass, posterior segment of the right upper lobe, as well as a 4.5 x 5.7 x 3.8 centimeter right hilar mass and also some subcarinal lymphadenopathy. He saw Dr. Tyner on 04/16/09 and was discovered to have right upper lobe obstructing tumor. The biopsy shows this to be a non-small cell lung cancer, favor large cell/squamous. He has not had any additional hemoptysis and he is here to discuss additional management.

Other concerning findings today are a 20+ lb. weight loss over the last six weeks, poor appetite and headaches over the last week or so although he has not lost his balance or had any confusion.

### PAST MEDICAL HISTORY:

1. Hypercholesterolemia.
2. Hypothyroidism which actually was initially treated with radioactive iodine and then 9 years later became hypothyroid and at the time that he presented with hyperthyroidism he was tachycardiac and he got inderal for which he developed itching.
3. GERD.
4. Gastric and colonic polyps. He had surgery on his bowel for these colonic polyps.
5. Cholecystectomy.
6. Hypertension.

He denies diabetes, coronary artery disease or CVA.

STEPHEN M. IGNACZAK, M.D.  
BOARD CERTIFIED HEMATOLOGY /  
ONCOLOGY / INTERNAL MEDICINE

BRUCE A. YIRINEC, M.D.  
BOARD CERTIFIED HEMATOLOGY /  
ONCOLOGY / INTERNAL MEDICINE

*10/10/09 - fixed to Dr. Daoud*  
VIRGINIA HURLEY, R.N., M.S.  
ADULT NURSE PRACTITIONER  
ONCOLOGY CERTIFIED NURSE

TRACY A. MEYER, R.N., M.S.  
ADULT NURSE PRACTITIONER  
ONCOLOGY CERTIFIED NURSE

LYNN M. SIEVERT, R.N., M.S.  
ADULT NURSE PRACTITIONER  
ONCOLOGY CERTIFIED NURSE

**ROE, DONALD F.**  
Page 2

**MEDICATIONS:**

Levoxyl 0.15 mg daily  
Simvastatin 40 mg daily  
Avalide 150 mg daily  
Prilosec 20 mg daily  
Vicodin 5/500 mg  
Tessalon Perles  
Clarinet

**ALLERGIES:**

Inderal.

**FAMILY HISTORY:**

Unremarkable for cancer. Father died of an MI. Brother had emphysema. Mother lived to almost 100.

**SOCIAL HISTORY:**

He quit smoking in 1994 but smoked cigarettes 30-40 years ago and a pipe up until 1994. Drinks one drink a day. Worked at Garlock and was exposed to asbestos for 25 years. He has been married for 56 years. He has four children who are well. He lives in Dundee.

**REVIEW OF SYSTEMS:**

Weight is down 20 lb. Appetite is poor. Denies any pain. No chest discomfort. Some headaches behind the eyes in the last week or so. No problems with his balance. No dysphagia. No nausea, vomiting, diarrhea or constipation. No shortness of breath. No dyspnea on exertion. No GI or GU symptoms. No lower extremity edema. No lumps or bumps. He does wear glasses. He has his own teeth. He is hard of hearing. He has a hearing aid.

**PHYSICAL EXAMINATION:**

Performance status is 1. Weight 222 lb. 5 feet 11 inches tall. Blood pressure 130/84. Pulse 76. He appears younger than his stated age. He is alert and oriented. Good insight and understanding. The neck is symmetric. He is wearing glasses. He has hearing aids. He does not have cervical, supraclavicular or axillary lymph nodes. I cannot reproduce bony pain along his spine. Lungs were clear to auscultation with slight wheeze that clears with cough. Heart is regular without S3 or gallop. Abdomen is soft throughout. I cannot appreciate any masses or reproduce any discomfort. He has no organomegaly. No evidence for ascites. Normoactive bowel sounds. Extremities without edema and no calf tenderness. Gait is normal. He is alert and oriented. Good insight and understanding. I had him walk a straight line, which he did fine. He does not have a Romberg. His coordination seems okay. He does not appear depressed.

**LAB DATA:**

I do not have recent blood work short of a creatinine.

CT scan and path as mentioned.

**IMPRESSION:**

78-year-old gentleman with right upper lobe non-small cell lung cancer who now has headaches. He has not otherwise been staged.

I spent upwards of an hour with he and his family and explained that:

**RÖE, DONALD F.**

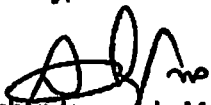
Page 3

1. Lung cancer is very serious, life threatening and often times our efforts are palliative. I would suggest staging him including a head CT, blood work and a PET scan. If the head CT were abnormal I would pursue radiation to the brain. If he has localized disease to the chest perhaps chemoradiation cisplatin, VP-16 and radiation with curative intent although the chances for that are low and whether he could tolerate treatment I am skeptical but I certainly would like to help. If however he has metastatic disease and our efforts are essentially palliative, chemotherapy could be considered or radiation if he has hemoptysis, intractable cough, pain, etc.

The next visit will be very important and I tried to emphasize that and I think they all know the seriousness of this. Several of the family members had read up on cancer and I did provide the NCCN guidelines and Cancer.Net and gave them a pictorial review of lung cancer and tried to describe where his disease is located and why it is important to know the stage before pursuing treatment.

He and his family are coping fairly well. Hopefully we will have an answer in short order as to a plan. I would also place him on our Tumor Board and I will try to review his pathology with Dr. Lee. Again I tried to answer all of his and his family's questions.

Sincerely,

  
Stephen Ignaczak, M.D.  
SI/tac

Xc: J. Richard Tyner, M.D.  
Radiation Oncology



UNIVERSITY OF ROCHESTER/STRONG MEMORIAL HOSPITAL  
NEUROPATHOLOGY AND AUTOPSY PATHOLOGY  
601 Elmwood Avenue  
Rochester, NY 14642-8626  
(585-275-3202)

FINAL ANATOMIC DIAGNOSES

<u>Autopsy Case #:</u>	09-SAA152	<u>Brain Removed:</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<u>Brain Microscopic Evaluation:</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Patient Name:</u>	ROE, DONALD		
<u>Unit (Med Record) No.:</u>	<i>redacted</i>		
<u>If OB, mother's name</u>		<u>Expired (Date, Time):</u>	09/16/2009, 18:15
		<u>Autopsy (Date, Time):</u>	09/18/2009; 12:30
<u>Date of Birth/Age:</u>	11/26/1930 78 YEARS	<u>Prosecutor:</u>	JENNIFER J. PRUTSMAN- PFEIFFER, PhD, PA (ASCP) <sup>CM</sup>
<u>Gender/Race:</u>	WHITE MALE	<u>Neuropath Attending:</u>	
<u>Gestational age:</u>		<u>Attending:</u>	LEON A. METLAY, M.D.
<u>NYS Tumor Registry (State Case) (Yes/No):</u>	<u>YES</u>		
<u>ME Case (Yes/No):</u>	NO	<u>ME to issue Death Certificate (Yes/No):</u>	NO

Source of case (i.e. ward service, home, nursing home / name, other hospital/name/address):

PRIVATE AMBULATORY

Referring physicians (Physicians to get copy of report (include full names & addresses):

MAGDA DAOUD, MD, 34 MILLARD ST, DUNDEE, NY 14837-

Major Diagnoses:

ADENOSQUAMOUS CARCINOMA, RIGHT UPPER LOBE  
Extensive ipsilateral intrapulmonary and pleural metastasis  
Hemorrhagic infarct, right upper lobe

CENTRIACINAR EMPHYSEMA

ACUTE BRONCHOPNEUMONIA, LEFT LUNG  
Pulmonary edema, left

Minor/Incidental Diagnoses:

Pleural plaque, left

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FINAL ANATOMIC DIAGNOSES

Autopsy Case #:  
Patient Name:

*redacted*  
ROE, DONALD

Page 2

Cause of Death, Immediate: PNEUMONIA  
Cause of Death, Underlying/Primary: LUNG CARCINOMA  
Autopsy Limitation: LUNGS ONLY  
Embalmed(Yes/No):  
Ancillary Studies:

Brown-Brenn, block 9: Weakly Gram positive cocci in pairs and chains  
Block 1: CK7 positive, CK20 negative, B72.3 positive, Ber-EP4 focal positive, Calretinin cytoplasm positive nuclei negative, Keratin 5/6 positive, WT-1 negative, p63 cytoplasmic only, TTF-1 cytoplasmic only, Napsin A negative, Mucicarmino positive intracellular  
Dr. B. Goldman, Dr. F. Li

Intradepartmental Consultations:

SNOMED Codes:

SNOMED CODES  
M-85603, D2-F1105, D2-F110E, M-80106, D3-40215, D2-50520, D2-50101, D2-81100

Clinico-Pathologic Correlation

Major autopsy diagnoses not documented in clinical record:  
Pneumonia

Major clinical diagnoses not verified at autopsy:  
None

Comments:

Pleural plaque was noted, consistent with the patient's history of asbestos exposure. The tumor has gross morphology that is most consistent with a primary lung carcinoma. The tumor is very poorly differentiated. Special stains show a mixture of features indicating both squamous (keratin 5/6 +, ttf-1 -) and glandular (keratin 7 +, B72.3 +, mucin +) differentiation, consistent with adenosquamous carcinoma.

Major diagnoses are defined as those which (a) likely contributed to the patient's death, (b) prompted treatment, or (c) would likely have required treatment if known. Clinical diagnoses not verified at autopsy included diseases associated with characteristic or pathognomonic anatomical findings.

Clinical Summary

Date of Admission: Not applicable

Age/Sex: 78 year old Caucasian male

Reason for Admission: Not applicable

History of present illness (date - diagnosis, treatment, procedure, diagnostic lab result):

4/13/2009: One year history of coughing, hemoptysis of several weeks, imaging at Soldiers and Sailors Hospital (Penn Yan, NY)

Chest X-ray and CT scan: RUL paratracheal mass posteriorly in posterior segment 3.5 x 2.3 x 2.8 cm, R hilar mass 4.5 x 5.7 x 3.8 cm

UNIVERSITY OF ROCHESTER/STRONG MEMORIAL HOSPITAL

FINAL ANATOMIC DIAGNOSES

Autopsy Case #: Redacted  
Patient Name: ROE, DONALD

Page 5

Microscopic Slide List

ORGAN	SLIDE NUMBERS
<u>Right Upper Lobe Segmental Bronchus with Tumor</u>	1
<u>Right Upper Lobe Tumor (satellite)</u>	2
<u>Right Upper Lobe Parenchyma</u>	3
<u>Right Upper Lobe Hilum</u>	4
<u>Right Upper Lobe hemorrhagic Area</u>	5
<u>Right Upper Lobe and Right Lower Lobe</u>	6
<u>Right Lower Lobe</u>	7
<u>Left Upper Lobe, Inferior and Hilum</u>	8
<u>Left Lower Lobe</u>	9
<u>Left Lower Lobe</u>	10

Date: 11/06/2009

Resident:  
JENNIFER PRUTSMAN-PFEIFFER, PH.D., PA  
(ASCP)

Reviewing Pathologist's Electronic Signature:  
LEON METLAY, M.D.

*The above electronic signature indicates that all work on this case was supervised and evaluated by the Pathologist. The diagnosis was rendered by the reviewing Pathologist.*

**UNIVERSITY OF ROCHESTER/STRONG MEMORIAL HOSPITAL**

**FINAL ANATOMIC DIAGNOSES**

Autopsy Case #:

Redacted

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Patient Name:

ROE, DONALD

4/16/2009: Bronchoscopy at Clifton Springs Hospital (Clifton Springs, NY): obstructive bulging tumor at takeoff of RUL from bronchus intermedius, 3 biopsies (Clifton Springs S09-878, large cell carcinoma, favor poorly differentiated squamous cell carcinoma); narrowed airway of RUL, secretions sent for cytology (Clifton Springs NG09-81 and NG09-82, few clusters of atypical cells, no evidence of malignancy)

04/28/2009: Seen for palliative radiation treatment at Finger Lakes Radiation Oncology Center (Clifton Springs, NY) due to discovery of brain metastases

**Surgical and Other Medical History:**

1. Hypercholesterolemia
2. Hypothyroidism, initially treated with radioactive iodine; 9 years later became hypothyroid, presented with hyperthyroidism, tachycardic, treated with Inderal and developed itching
3. GERD
4. Duodenal polypectomies, multiple 2008 – low grade dysplasia and adenomatous changes
5. Colectomy, partial 2002
6. Cholecystectomy 1194
7. Hypertension
8. Hernia repair 1951

**Family History:** Father died of myocardial infarction, mother lived to nearly 100 years, brother had emphysema; paternal uncle who died at age 31 of colon cancer

**Social History:** Married for 56 years, 4 children who are well; Tobacco – quit cigarettes 40 years ago, quit pipe in 1994; Alcohol – one drink per day; Occupation – retired maintenance supervisor for Garlock in Palmyra, NY (worked 25 years there with exposure to asbestos), boiler repairman all over the country with exposure to asbestos insulation (worked for schools and industries for 5 years prior to Garlock)

**Medications:** Levoxyl, Simvastatin, Avalide, Prilosec, Vicodin, Tessalon Perles, Clarinex

**Allergies:** Inderal

**Hospital Course (date – diagnosis, treatment, procedure, diagnostic lab result):** Not applicable, died at home

**Date and Time of Death:** 09/16/2009; 18:16

**Clinical Cause of Death:** Multiple organ failure, metastatic lung carcinoma

**Gross Examination**

**External Examination**

**Height (cm):** 175.5 cm

**Weight (kg or lb from chart):** 222 lb, 5'11" from chart, 2008

**BMI:** 31, obese

**Nutritional state:** Well-nourished

**Skin color:** Tan-white

**Livor mortis:** Present bilateral trunk, upper thighs, back of body and buttocks; fixed and does not blanch to touch

**Rigor mortis:** Minimal in upper extremities

**Jewelry:** None

**Tubes, lines, catheters:** None

**UNIVERSITY OF ROCHESTER/STRONG MEMORIAL HOSPITAL**

**FINAL ANATOMIC DIAGNOSES**

Autopsy Case #:

*reluctant*

Page 4

Patient Name:

ROE, DONALD

Skin lesions, tattoos, etc.: 0.8 cm raised tan-white papule R groin; well healed scars: 19 cm oblique extending from below xiphoid process to R lateral abdomen, 15.5 cm transverse R lateral to mid abdomen superior to umbilicus

**Other findings:**

**Head and Neck**

Hair color/distribution: Sparse, thin grey-white head hair, male pattern baldness

Pupil diameter (mm): R: 4 mm L: 4 mm

Eye color: Blue-green

Oral cavity/dentition: Natural teeth with some posterior fillings

Abnormalities: None

**Trunk and extremities**

Chest: No gross pathologic abnormalities

Abdomen: Described above

External genitalia: Circumcised penis

Groin: Described above

Anus: Not assessed

Back: Described above

Extremities: Bilateral purple coloration of fingernail beds, toenails with onychomycosis

**Internal Examination**

Incision: Modified Y

Body cavities (fluid, adhesions, etc): Extensive pleural adhesions with white firm metastatic tumor nodules, R lung, extend to pleural surface of diaphragm; less than 500 cc of serosanguineous pleural fluid on R

**Respiratory System**

**AUTOPSY LIMITED TO LUNGS ONLY**

Lung weights, unperfused (expected R: 360 - 570g, L: 325 - 480g): R: 1700 g

L: 850 g

Fixed by perfusion/immersion: Both

Pleurae: Right lung - densely adherent to parietal pleura by extensive white tan lobulated tumor nodules

Parenchyma: Right lung: 6 x 6 x 4 cm white solid central hilar tumor, surrounding main pulmonary artery and main bronchus, extends toward upper lobe surrounding segmental bronchus, thickened white-tan bronchial walls; 4 x 4 x 3 cm tan-white irregular mass, remainder of parenchyma diffusely white and firm with scattered anthracotic pigment throughout, 6 x 5 x 4 cm firm circumscribed hemorrhagic mass of RUL (lateral); Left lung: hilar region with 4 x 3 x 3 cm abscess area with firm to gritty tan-white tumor at the periphery, focal areas of consolidated parenchyma of LUL

Bronchi: Mucous plugging, dilated and elongated bronchi (bronchiectasis)

Arteries/veins: Right main artery and vein surrounded by mass at hilum (see above)

Lymph nodes: Hilar nodes firm and white

**Gross photographs (list):**

Lungs